REPAIR WELL

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON*

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

| UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY | 5. LEASE NM-04208 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
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| SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different | 7. UNIT AGREEMENT NAME |
| reservoir. Use Form 9–331–C for such proposals.) | 8. FARM OR LEASE NAME Warren Com |
| 2. NAME OF OPERATOR | 9. WELL NO. 2E |
| Tenneco Oil Company 3. ADDRESS OF OPERATOR | 10. FIELD OR WILDCAT NAME Basin Dakota |
| Box 3249, Englewood, CO 80155 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) | 11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA Sec. 14, T28N, R9W |
| AT SURFACE: 985' FSL, 1400' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: | 12. COUNTY OR PARISH 13. STATE San Juan NM 14. API NO. |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) 6116' GR . |
| DECLIFET FOR ADDROVAL TO: SUPCEMENT DEPORT OF | |

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

CEO OCTON SURTEY (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

SUBSEQUENT REPORT OF:

2/18/83: Reached TD of 6995' @ 7:00 pm, 2/18/83. Log, DIL, CDL, LDDP & DC. 2/19/83: Ran 100 jts (4133') 4-1/2", 10.5# K-55 ST&C Csg, land @ 6993', FC @ 6949', liner hanger @ 2858'. Blow hole. Pmp 20 bbls CW ahead of 550 CF Lite + 1/4#/sx flocele + .6% Halad 9. Tail w/177 CF Cl-B + 1/4#/sx flocele. PD @ 10:30 am, 2/19/83. Released rig @ 12:30 pm, 2/19/83.

Subsurface Safety Valve: Manu. and Type _ .Set @ _ 18. I hereby certify that the foregoing is true and correct TITLE Sr. Production Analyst February 25, 1983 (This space for Federal or State office use) __ DATE __ TITLE ____ Nousk red Füll

*See Instructions on Reverse Side

DAR GO

NMOCC